

Eckerd Rapid Safety FeedbackSM (ERSF) Approach

Draft Outcomes Table for Oklahoma

Goals	1. Fidelity	Overview				
		ERSF Outcomes Table: CT and ME				
2. Child Outcomes	3. Systems Outcomes	4. Coaching	5. Process	6. Cost		
Outcomes	a) ERSF is implemented reliably and consistently (Is fidelity at a reasonably high level?)	a) Reduction in number of child deaths: <ul style="list-style-type: none"> 1. Overall 2. In highest probability cases 	a) After implementation, did things improve, not improve, no effect, did it get worse?	a) Reduction over time in the % of cases reviewed that require an immediate coaching session	a) Document the implementation of ERSF	a) Economic cost of the resources used to deliver ERSF process
	b) Ability to monitor the quality of implementation (We need examples of what the indicators would be for this)	b) Reduction in serious injury: <ul style="list-style-type: none"> • Overall • In highest probability cases 	b) Increase in workers feelings of support, confidence and empowerment	d) Adequacy of safety plans and coaching sessions	b) Identify facilitators and barriers to implementation	
		c) Reduction in repeat maltreatment reports (verified and/or unverified)	c) Reduction in staff turnover		c) Identify how ERSF helped the agency identify necessary changes in program components	
		d) Reduction in severity of child maltreatment (e.g., number of children reported for "severe" CAN)				

Overview ERSF Outcomes Table

[Note: This table lists all possible outcomes identified across the states.]

Goals	1. Fidelity	2. Child Outcomes	3. Systems Outcomes	4. Coaching	5. Process	6. Cost
Outcomes	a) ERSF is implemented reliably and consistently (is fidelity at a reasonably high level?)	a) Reduction in number of child deaths: <ul style="list-style-type: none"> • Overall • In highest probability cases 	a) After implementation, did things improve, not improve, no effect, did it get worse?	a) Reduction over time in the % of cases reviewed that require an immediate coaching session	a) Document the implementation of ERSF	a) Economic cost of the resources used to deliver ERSF process
	b) Ability to monitor the quality of implementation <i>(We need examples of what the indicators would be for this)</i>	b) Reduction in serious injury: <ul style="list-style-type: none"> • Overall • In highest probability cases 	b) Increase in workers feelings of support, confidence and empowerment	b) Connection between case outcomes and level/type/extent of staff training	b) Identify facilitators and barriers to implementation	
		c) Reduction in repeat maltreatment reports (verified and/or unverified)	c) Reduction in staff turnover	c) Number of staffing to measure transfer of learning	c) Identify how ERSF helped the agency identify necessary changes in program components	
		d) Reduction in severity of child maltreatment (e.g., number of children reported for "severe" CAN)	d) Increase in communication re: cases between staff	d) Adequacy of safety plans and coaching sessions	d) Does the timing of the ERSF practices affect results?	
		e) Reduction in the number of children presenting to hospitals for CAN	e) Improved ratings on the Critical Case Practice Assessment Tool		d) Does the timing of the ERSF review affect results for the investigation phase?	
		f) Reduction in repeat calls to the CPS hotline				

1. Fidelity

Fidelity is the extent to which delivery of an intervention adheres to the protocol or program model originally developed. Fidelity measurement has increasing significance for evaluation, treatment effectiveness research, and service administration.

Outcomes	Data Source	Issues and Questions
a) ERSF is implemented reliably and consistently (is fidelity at a reasonably high level?)	<ul style="list-style-type: none"> Supervisor completed fidelity checklist (quarterly) On-site Eckerd evaluation of fidelity (quarterly) 	
b) Ability to monitor the quality of implementation <i>(We need examples of what the indicators would be for this)</i>	<ul style="list-style-type: none"> Supervisor completed fidelity checklist On-site Eckerd evaluation of fidelity ERSF case record reviews, staff surveys and/or focus groups 	

2. Child Outcomes

ERSF practices has an impact on child health and well-being.

Outcomes	Data Source	Issues and Questions
a) Reduction in number of child deaths: <ol style="list-style-type: none"> Overall In highest probability cases 	<ul style="list-style-type: none"> Child death registries <ul style="list-style-type: none"> OCCY (OK City) ME? CT? AK? SACWIS Mindshare Portal 	<ul style="list-style-type: none"> Subgroup of highest probability cases: rationale? Definition? Do data sharing agreements need to be modified or developed (placing here, but pertains to any/all questions)?
b) Reduction in serious injury: <ol style="list-style-type: none"> Overall In highest probability cases 	<ul style="list-style-type: none"> Department of Public Health Data from specific hospital(s) ERSF case record reviews Mindshare Portal (?) SACWIS 	<ul style="list-style-type: none"> Define "serious injury" Subgroup of highest probability cases: rationale? Definition? Do states have administrative data beyond SACWIS?
c) Reduction in repeat child	<ul style="list-style-type: none"> ERSF case record reviews, staff 	

maltreatment reports	surveys or focus groups SACWIS <ul style="list-style-type: none"> • Mindshare Portal (?) 	
d) Reduction in severity of child maltreatment (e.g., number of children reported for “severe” CAN)	<ul style="list-style-type: none"> • Department of Public Health • Data from specific hospital(s) • Mindshare Portal (?) • SACWIS (?) • AK does use SDM future risk of abuse/neglect: low, medium and high – scored by line workers. Would guess error rate is high: around 70% 	
e) Reduction in the number of children presenting to hospitals for CAN	<ul style="list-style-type: none"> • Department of Public Health • Data from specific hospital(s) 	
b) Reduction in repeat calls to the CPS hotline	<ul style="list-style-type: none"> • SACWIS • Mindshare Portal 	

3. System Outcomes

ERSF practices has an impact at the systems level.

Outcomes	Data Source	Issues and Questions
a) After implementation, did things improve, not improve, no effect, did it get worse?	<ul style="list-style-type: none"> • ERSF case record reviews and/or focus groups with staff using ERSF 	
b) Increase in workers feelings of support, confidence and empowerment	<ul style="list-style-type: none"> • Staff surveys and/or focus groups 	
c) Reduction in staff turnover	<ul style="list-style-type: none"> • Supplied by State using HR records (trend line percentages) 	
d) Increase in communication re: cases between staff	<ul style="list-style-type: none"> • Staff surveys and/or focus groups 	

4. Coaching

Workers and supervisors have applied the practice knowledge and skills learned in ERSF coaching sessions to new and existing cases.

Outcomes	Data Source	Issues and Questions
a) Reduction over time in the % of cases reviewed that require an immediate coaching session	<ul style="list-style-type: none"> • Supervisor completed fidelity checklist • On-site Eckerd evaluation of fidelity • Mindshare Portal • ERSF case record reviews, staff surveys and/or focus groups 	
b) Connection between case outcomes and level/type/extent of training	<ul style="list-style-type: none"> • Supervisor completed fidelity checklist • ERSF case record reviews, staff surveys and/or focus groups 	
c) Number of staffings to measure transfer of learning [?? Clear?]	<ul style="list-style-type: none"> • Supervisor completed fidelity checklist • On-site Eckerd evaluation of fidelity • ERSF case record reviews, staff surveys and/or focus groups 	

5. Process		
How ERSF is implemented in each State.		
Outcomes	Data Source	Issues and Questions
a) Document the implementation of ERSF	<ul style="list-style-type: none"> • ERSF case record reviews, staff surveys and/or focus groups 	
b) Identify facilitators and barriers to implementation	<ul style="list-style-type: none"> • ERSF case record reviews, staff surveys and/or focus groups 	
c) Identify necessary changes in program components	<ul style="list-style-type: none"> • ERSF case record reviews, staff surveys and/or focus groups 	
d) Does the timing of the ERSF practices affect results?	<ul style="list-style-type: none"> • ERSF case record reviews, staff surveys and/or focus groups 	
e) Improved ratings on the Critical Case Practice Assessment Tool	<ul style="list-style-type: none"> • ERSF Critical Case Practice Assessment Tool 	

6. Cost		
The cost of ERSF.		

Outcomes	Data Source	Issues and Questions
a) Economic cost of the resources used to deliver ERSF process	<ul style="list-style-type: none"> • State-provided summary using finance records 	